

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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100		/		/					/		/		/
TOTAL IND.					1		TOTAL IND.		6		44.55		
TOTAL DEP.					0		TOTAL DEP.		86		234.03		
TOTAL CLAIMS					1		TOTAL CLAIMS		92		38		

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CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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49							99						
50							100						
TOTAL IND.	7	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	86						TOTAL DEP.						
TOTAL CLAIMS	93						TOTAL CLAIMS						